| Fill in this in               | formation to identify your case:   |  |                                       |   | as directed in this form and in  | Form                    |
|-------------------------------|--|--|---------------------------------------|---|--|-------------------------|
| Debtor 1                      | Brandon M. Chasen, Sr.   |  | 12                                    | 2A-1Supp:                                 |  |                         |
| Debtor 2<br>(Spouse, if filin |  |  | _                                     | ■ 1. There is no                          | presumption of abuse   |                         |
| United Stat                   | es Bankruptcy Court for the: District of Marylan   | d  | _                                     | applies will                              | tion to determine if a presumpti<br>be made under <i>Chapter 7 Med</i> |                         |
| Case numb                     | per <b>25-15437</b>  |  |                                       |   | (Official Form 122A-2).  |                         |
| (if known)                    |  |  |                                       |   | Test does not apply now becau-<br>ilitary service but it could apply   |                         |
|                               |  |  |                                       | ☐ Check if this                           | is an amended filing   |                         |
| <u>Official</u>               | Form 122A - 1  |  |                                       |   |  |                         |
| Chapte                        | er 7 Statement of Your Cur   | rent Mor                                   | nthly Inc                             | ome                                       |  | 12/19                   |
| attach a sepa<br>case number  | ete and accurate as possible. If two married people a<br>arate sheet to this form. Include the line number to w<br>(if known). If you believe that you are exempted from<br>litary service, complete and file Statement of Exemp<br>Calculate Your Current Monthly Income  | hich the addition<br>m a presumption       | of abuse becau                        | applies. On the top<br>use you do not hav | o of any additional pages, write your primarily consumer debts or be   | our name and ecause of  |
| 1. What                       | is your marital and filing status? Check one or  | ıly.                                       |                                       |   |  |                         |
|                               | t married. Fill out Column A, lines 2-11.  |  |                                       |   |  |                         |
|                               | rried and your spouse is filing with you. Fill ou  |  | •                                     | 2-11.                                     |  |                         |
| □ Ma                          | rried and your spouse is NOT filing with you.  | You and your s                             | pouse are:                            |   |  |                         |
|                               | Living in the same household and are not lega  |  |                                       | •   |  |                         |
|                               | Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are leliving apart for reasons that do not include evading.  | egally separated                           | l under nonbar                        | kruptcy law that                          | applies or that you and your sp  |                         |
| 101(10A).<br>the 6 mor        | average monthly income that you received from all For example, if you are filing on September 15, the 6-m ths, add the income for all 6 months and divide the total own the same rental property, put the income from that p   | onth period would<br>by 6. Fill in the res | be March 1 thro<br>sult. Do not inclu | ugh August 31. If the de any income amo   | e amount of your monthly income vunt more than once. For example, i    | aried during<br>if both |
|                               |  |  |                                       | Column A Debtor 1                         | Column B Debtor 2 or non-filing spouse                                 |                         |
|                               | gross wages, salary, tips, bonuses, overtime, I deductions).   | and commissio                              | ons (before all                       | \$  | \$   |                         |
|                               | 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. \$\$  |  |                                       | \$  |  |                         |
| of you<br>from a<br>and ro    | nounts from any source which are regularly part or your dependents, including child support on unmarried partner, members of your household prommates. Include regular contributions from a space of the part include regular contributions from a space of the part include regular contributions from a space of the part include regular contributions from a space of the part includes regular contributions. | Include regular<br>I, your depender        | contributions<br>nts, parents,        | \$  | \$   |                         |
|                               | n. Do not include payments you listed on line 3. come from operating a business, profession,   | or farm                                    |                                       | Ψ   |  |                         |
| 0                             | , a name operaning a name of procession,   |  | tor 1                                 |   |  |                         |
| Gross                         | receipts (before all deductions)   | \$   |                                       |   |  |                         |
| Ordina                        | ary and necessary operating expenses   | -\$  |                                       |   |  |                         |
| Net m                         | onthly income from a business, profession, or far  | m \$                                       | Copy here ->                          | . \$                                      |  |                         |
| 6. Net in                     | come from rental and other real property   | Deb  | tor 1                                 |   |  |                         |
| Gross                         | receipts (before all deductions)   | \$   |                                       |   |  |                         |
| Ordina                        | ary and necessary operating expenses   | -\$  |                                       | _   |  |                         |
| Net m                         | onthly income from rental or other real property   | \$   | Copy here ->                          | •\$                                       | \$   |                         |
| 7. Intere                     | st, dividends, and royalties   |  |                                       | \$  | \$   |                         |

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| Debto | Brandon M. Chasen, Sr.  |  | Case number (if known) | 25-15437                          |                       |
|-------|---|--|------------------------|-----------------------------------|-----------------------|
|       |   |  | Column A<br>Debtor 1   | Column B Debtor 2 or non-filing s |                       |
| 8.    | Unemployment compensation   |  | \$                     | \$                                |                       |
|       | Do not enter the amount if you contend that the amount received was a benef the Social Security Act. Instead, list it here:  For you  \$  |  |                        |                                   |                       |
|       | For you \$ For your spouse \$   |  |                        |                                   |                       |
|       | Pension or retirement income. Do not include any amount received that was benefit under the Social Security Act. Also, except as stated in the next senter not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injur disability, or death of a member of the uniformed services. If you received any pay paid under chapter 61 of title 10, then include that pay only to the extent the does not exceed the amount of retired pay to which you would otherwise be exificient under any provision of title 10 other than chapter 61 of that title. | s a<br>nce, do<br>e<br>ry or<br>retired<br>hat it<br>ntitled | \$                     | \$                                |                       |
|       | Income from all other sources not listed above. Specify the source and ar Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international domestic terrorism; or compensation pension, pay, annuity, or allowance paid United States Government in connection with a disability, combat-related injur disability, or death of a member of the uniformed services. If necessary, list ot sources on a separate page and put the total below   | or<br>d by the<br>ry or                                      | \$                     | \$_                               |                       |
|       |   |  | \$                     | \$                                |                       |
|       | Total amounts from separate pages, if any.  | +  | \$                     | \$                                |                       |
|       | Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.   | \$   | + \$                   |                                   | Total current monthly |
| Part  | 2: Determine Whether the Means Test Applies to You  |  |                        |                                   | income                |
| 12.   | Calculate your current monthly income for the year. Follow these steps:   |  |                        |                                   |                       |
|       | 12a. Copy your total current monthly income from line 11  |  | Copy line 11 l         | nere=>                            | \$                    |
|       | Multiply by 12 (the number of months in a year)   |  |                        |                                   | <b>x</b> 12           |
|       | 12b. The result is your annual income for this part of the form   |  |                        | 12b.                              | \$                    |
| 13.   | Calculate the median family income that applies to you. Follow these step   | os:  |                        |                                   |                       |
|       | Fill in the state in which you live.  |  |                        |                                   |                       |
|       | Fill in the number of people in your household.   |  |                        |                                   |                       |
|       | Fill in the median family income for your state and size of household.  To find a list of applicable median income amounts, go online using the link sp for this form. This list may also be available at the bankruptcy clerk's office.  | pecified in  | the separate instruc   | 13.<br>tions                      | \$                    |
| 14.   | How do the lines compare?   |  |                        |                                   |                       |
|       | 14a.  |  | •                      |                                   |                       |
|       | 14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, Go to Part 3 and fill out Form 122A–2.   | , The pres   | sumption of abuse is   | aeterriinea by                    | FOIIII 122A-2.        |
| Part  | 3: Sign Below By signing here, I declare under penalty of perjury that the information or   | n this stat  | ement and in anv atta  | achments is tru                   | e and correct.        |
|       |   |  |                        |                                   |                       |
|       | X /s/ Brandon M. Chasen, Sr.  Brandon M. Chasen, Sr.  Signature of Debtor 1   |  |                        |                                   |                       |
|       | Date August 22, 2025  |  |                        |                                   |                       |
|       | MM/DD/YYYY  |  |                        |                                   |                       |

Official Form 122A-1

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| Debtor 1 | Brandon M. Chasen, Sr. | Case number (if known) | 25-15437 |  |
|----------|------------------------|------------------------|----------|--|
|          |                        |                        |          |  |

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

| Fill in this info                                   | ormation to i                                 | dentify your case:  |                  |  |
|---|---|---|------------------|--|
| Debtor 1  | Brandon I                                     | M. Chasen, Sr.  |                  |  |
| Debtor 2<br>(Spouse, if filing                      | a)  |   |                  |  |
|   | 0,  | with facilities of Manufaciet   |                  |  |
| United States E                                     | sankruptcy Co                                 | ourt for the: District of Maryland  |                  |  |
| Case number (if known)                              | 25-15437                                      |   |                  | ☐ Check if this is an amended filing   |
| Official F  | orm 122                                       | 2A - 1Supp  |                  |  |
|   |   | emption from Presumption  | of Ab            | ouse Under § 707(b)(2) 12/19   |
| exempted from<br>exclusions in to<br>required by 11 | n a presumpt<br>his statemen<br>U.S.C. § 707( | ion of abuse. Be as complete and accurate as po<br>it applies to only one of you, the other person sho  | ssible. If t     | ome (Official Form 122A-1), if you believe that you are two married people are filing together, and any of the plete a separate Form 122A-1 If you believe that this is  |
| personal,   | family, or hou                                |   |                  | C. § 101(8) as "incurred by an individual primarily for a the answer you gave at line 16 of the Voluntary Petition for   |
|   |   | 2A-1; on the top of page 1 of that form, check box 1, th the signed Form 122A-1.  | There is         | no presumption of abuse, and sign Part 3. Then submit this   |
| _   | Go to Part 2.                                 | ur the signed rollin 122A-1.  |                  |  |
| <b>—</b> 103. 0                                     | 50 to 1 art 2.                                |   |                  |  |
| Part 2: De  | termine Whe                                   | ther Military Service Provisions Apply to You   |                  |  |
| 2. Are you a  | disabled ve                                   | teran (as defined in 38 U.S.C. § 3741(1))?  |                  |  |
| _   | Go to line 3.                                 |   |                  |  |
| ☐ Yes. □  | Did you incur o                               | debts mostly while you were on active duty or while y   | ou were p        | performing a homeland defense activity?  |
| 1   | 0 U.S.C. § 10                                 | 01(d)(1); 32 U.S.C. § 901(1).   |                  |  |
| □ N   | o. Go to lir                                  | ne 3.   |                  |  |
| □ Y   |   | orm 122A-1: on the top of page 1 of that form, check his supplement with the signed Form 122A-1.  | box 1, <i>Th</i> | ere is no presumption of abuse, and sign Part 3. Then  |
| 3. Are you o  | or have you b                                 | een a Reservist or member of the National Guard   | l?               |  |
|   | -   | rm 122A-1. Do not submit this supplement.   |                  |  |
| _   | •   | led to active duty or did you perform a homeland def  | ense activ       | vity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).   |
| □ N   | -   | te Form 122A-1. Do not submit this supplement.  |                  |  |
| □ Y   | '   | any one of the following categories that applies:   |                  |  |
|   | ☐ I was ca                                    | alled to active duty after September 11, 2001, for a and remain on active duty.   | ıt least         | If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, The Means Test does not apply now, and sign Part 3. Then  |
|   | 90 days                                       | alled to active duty after September 11, 2001, for a and was released from active duty on fewer than 540 days before I file this bankruptcy case. |                  | submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The <i>exclusion period</i> means the time you are on active duty or are performing a |
|   | ☐ I am pe                                     | rforming a homeland defense activity for at least   | 90 days.         | homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).   |
|   | ☐ I perfor                                    | med a homeland defense activity for at least 90 d   | ays,             |  |

ending on \_\_\_\_\_\_\_file this bankruptcy case.

, which is fewer than 540 days before I

If your exclusion period ends before your case is closed, you may have to file an amended form later.